

**REPORT TO THE  
TWENTY-SECOND LEGISLATURE**

**STATE OF HAWAII**

**2004**

**PURSUANT TO  
SECTION 27 OF PART III, ACT 200,  
SESSION LAWS OF HAWAII 2003 (REGULAR SESSION),  
REQUIRING A REPORT BY THE  
DEPARTMENT OF HEALTH  
ALCOHOL AND DRUG ABUSE DIVISION  
ON SUBSTANCE ABUSE TREATMENT FOR OFFENDERS**

**PREPARED BY:**

**ALCOHOL AND DRUG ABUSE DIVISION  
DEPARTMENT OF HEALTH  
STATE OF HAWAII  
JANUARY 2004**

**REPORT TO THE LEGISLATURE  
SUBMITTED BY  
THE DEPARTMENT OF HEALTH  
ALCOHOL AND DRUG ABUSE DIVISION  
PURSUANT TO SECTION 27 OF PART III, ACT 200,  
SESSION LAWS OF HAWAII 2003 (REGULAR SESSION)**

**PURPOSE**

Act 200, Session Laws of Hawaii 2003, appropriated \$2.2 million, to be expended by the Department of Health (DOH), Alcohol and Drug Abuse Division (ADAD), in each of the years in Fiscal Biennium 2003-05, to provide a continuum of substance abuse treatment and integrated case management services for offenders on supervised release, probation, furlough and parole.

This report is submitted pursuant to Section 27 of Part III of the Act, which reads as follows:

SECTION 27. Provided that of the general fund appropriation for the alcohol and drug abuse division (HTH 440), the sum of \$2,200,000 for fiscal year 2004 and the sum of \$2,200,000 for fiscal year 2005 shall be expended for the integrated case management and substance abuse treatment criminal justice initiative to deal with alcohol and drug abuse; provided further that the division shall prepare and submit a detailed report on the purchase of substance abuse services, the number of individuals in the criminal justice population served, by category, and the success and recidivism rate for each population category; and provided further that this report shall be submitted to the legislature no later than twenty days prior to the convening of the 2004 and 2005 regular sessions.

**BACKGROUND**

\$2,192,698 was appropriated by Act 259, SLH 2001, for adult criminal justice substance abuse treatment and integrated case management services. However, because the department had anticipated funding restrictions, the program did not get approval to expend these funds until late in the fiscal year. Thus, only \$192,698 of the \$2.192 million appropriated was expended in FY 2002.

On June 25, 2002, the FY 2002-03 supplemental budget (Act 177, SLH 2002), which deleted funding for the services to offenders was approved. On the same day, however, Act 175, SLH 2002 was approved by the Governor, appropriating funds from the Emergency and Budget Reserve Fund to maintain levels of programs that are essential to the public health, safety, and welfare. Section 10 in Act 175 restored the \$2,192,698 for FY 2002-03 to be used for the offender treatment initiative.

## **IMPLEMENTATION**

Service providers were notified (on June 27, 2002) to proceed with the admission and treatment of offenders to be funded by the \$192,698 balance of FY 2001-02 funds.

During the July 1, 2002 - June 30, 2003 fiscal year, 481 offenders were referred by criminal justice agencies for case management services and safe, clean and sober housing in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii. A breakdown of the numbers serviced follows:

### **Referrals by Criminal Justice Agency**

	<b>Supervised Release</b>	<b>Probation</b>	<b>Corrections Jail/Prison</b>	<b>Parole</b>	<b>Total</b>	<b>FY 2002-03 Expenditure</b>
<b>Kauai</b> <sup>1</sup>	9	22	1	3	35	\$111,041
<b>Oahu</b> <sup>2</sup>	62	64	0	109	235	\$1,229,422
<b>Maui</b> <sup>3</sup>	18	89	7	20	134	\$484,167
<b>Hawaii</b> <sup>4</sup>	1	70	0	6	77	\$368,068
<b>Total</b>	90	245	8	138	481	\$2,192,698
Substance abuse treatment providers: <sup>1</sup> Hina Mauka <sup>2</sup> Salvation Army – Addiction Treatment Services, Hina Mauka and Queen’s Medical Center <sup>3</sup> Aloha House and Hina Mauka <sup>4</sup> Big Island Substance Abuse Council (BISAC)						

Integrated case management and safe, clean and sober housing, in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii, were provided by CARE Hawaii. Substance abuse treatment services were provided within each of the counties as follows:

**Kauai.** Offenders on supervised release, probation and parole on Kauai were admitted to Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. As needed, residential treatment services were provided at the agency’s Oahu facility.

**Oahu.** Offenders on supervised release, probation and parole on Oahu were admitted to Salvation Army – Addiction Treatment Services or Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. In Fiscal Year 2003-04, Queen’s Medical Center was added as a provider for intensive outpatient and outpatient substance abuse services.

**Maui.** Offenders on supervised release, probation, furlough and parole in Maui County were admitted to Aloha House or Hina Mauka for residential, day treatment, intensive outpatient, outpatient and transitional therapeutic living program substance abuse services.

**Hawaii.** Offenders on supervised release, probation, furlough and parole on the Big Island were admitted to the Big Island Substance Abuse Council (BISAC) for day

treatment, intensive outpatient, outpatient and transitional therapeutic living program substance abuse services.

Of the 481 admissions, 178 (37%) offenders (148 currently active cases and 30 completed cases) completely engaged in treatment.

As reflected in the table below, reasons for termination (“case closed”) are those offenders who may be non-compliant with treatment because of many possible reasons – the offender may not have attended treatment, relapsed, did not follow treatment advice, was revoked for various reasons, or may have been arrested. While participation in treatment is associated with favorable criminal justice outcomes, this becomes problematic if an offender does not engage in treatment. Retention has been considered the factor that is associated with successful outcomes. Retention in treatment may also be improved by criminal justice sanctions, incentives, or by attending to factors that increase retention in treatment programs. More information on retention will be gathered through analysis of offenders for systems improvement.

#### **Summary of Offenders’ Case Management Status**

	Number
Active case	148
Successfully completed ICM (case closed)	30
Case Closed – no assessment (referral but no assessment)	89
Case Closed – assessment completed/no treatment follow-through	54
Case Closed – assessment completed/received treatment/ Non-compliance or new charges or revoked	128
Case Closed – transferred to other funding	10
Case Closed – transfer to Adult Mental Health Division	6
Case Closed – assessed, not eligible	13
Deceased	3
Total	481

The table below is a summary of the criminal justice population served by referring criminal justice agencies. ICM assesses an offender’s readiness to change. Offenders who are “precontemplative” (in serious denial of the need for treatment) may need further motivation before they are able to change their addictive behaviors. Interestingly, 75% of offenders who are precontemplative were assessed but did not follow up with treatment, or began treatment and dropped out. This may suggest that those who are not ready for treatment may benefit from motivational enhancement, while reserving more costly treatment resources for those who are ready. After only one year of implementation, however, it is premature to draw such conclusions.

**Status Summary by Criminal Justice Referral Agency**

	<b>Supervised Release</b>	<b>Probation</b>	<b>District Court</b>	<b>Corrections Jail/Prison</b>	<b>Parole</b>	<b>Total</b>
<b>Active</b>	18	100	0	0	30	148
<b>Complete ICM</b>	2	15	0	2	11	30
<b>No Assessment</b>	21	34	1	1	32	89
<b>Assessment; no treatment</b>	12	26	0	1	15	54
<b>Assessment/Treatment/Revoked</b>	30	54	1	0	43	128
<b>Transfer to other funding</b>	2	1	1	4	2	10
<b>Transfer to mental health</b>	0	6	0	0	0	6
<b>Not eligible</b>	5	5	0	0	3	13
<b>Deceased</b>	0	1	0	0	2	3
<b>Total</b>	90	242	3	8	138	481

One year of program implementation has lapsed, however, clients have not completed or been out of treatment for a sufficient period of time to report on success and recidivism rates for each population category. Such information will be included in the next report, which is to be submitted prior to convening of the 2005 Legislature.